

CREDIT AND BACKGROUND INFORMATION

Incomplete applications will be rejected

SECTION 1: BUSINESS INFORMATION

FULL LEGAL COMPANY NAME: _____
Business License #: _____ City: _____
DBA: _____ Fed Employ. ID#: _____
Current Business Address: _____
Tel#: _____ Website: _____
Years in this Location: _____ # of Stores: _____ Where: _____
Years in Bus.: _____ Nature of Bus.: _____

Structure of Business – Fill out the appropriate area

If a Corporation, State of Inc.: _____ Name and Address of Agent for Service: _____
Names of all shareholders holding 20% or greater _____

If a Partnership, State of Organization: _____ Names of All General Partners: _____
_____ Names of All Limited Partners (if any): _____

If a Limited Liability Company, , State of Organization: _____ Names of All Members: _____
_____ Names of All Managers: _____

If Individuals, Names and Spouses' Names: _____

SECTION 2: REFERENCES

PLEASE LIST ALL BANK(S): (Business & Personal)

Name of Bank: _____ Branch: _____ Tel#: _____
Account Name: _____ Account #: _____ Personal: Bus.

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Account Name: _____ Account #: _____ Personal: Bus.

TRADE REFERENCES, BUSINESS (if none, Personal)

Current Landlord's Name: _____ Tel#: _____
Address: _____ How long as tenant _____
Insurance Agency: _____ Tel#: _____
Address: _____ Agent: _____

Other reference: _____ Tel#: _____
Address: _____
Comments: _____

Other reference: _____ Tel#: _____
Address: _____
Comments: _____



SECTION 3: PERSONAL INFORMATION

Provide information for each individual listed in Section 1 above. Attach copy of driver's license – Add additional sheets if needed

Name: Last: _____ First: _____ Middle: _____
Home Address: _____
Previous Address (if less than 2 years): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Date of Birth: _____ Driver's Lic. (# and state): _____
Employer: _____ Tel #: _____
Employer's Address: _____
Occupation: _____ Social Security #: _____ Monthly Income: _____

Have you every filed bankruptcy?

Business: Yes No , When: _____ State filed: _____ Chpt: _____
Personal: Yes No , When: _____ State filed: _____ Chpt: _____

Have you ever been convicted of a felony? _____ If so, when: _____
What felony: _____

Name: Last: _____ First: _____ Middle: _____
Home Address: _____
Previous Address (if less than 2 years): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Date of Birth: _____ Driver's Lic. (# and state): _____
Employer: _____ Tel #: _____
Employer's Address: _____
Occupation: _____ Social Security #: _____ Monthly Income: _____

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What felony: _____



SECTION 4: MISCELLANEOUS

ATTACH A CURRENT FINANCIAL STATEMENT AND COPIES OF FEDERAL TAX RETURNS FOR THE LAST YEAR FOR EITHER THE BUSINESS OR YOURSELF (whichever is going to be shown as 'Lessee' in the lease).

Information Concerning Existing Facility:

What is the size of the facility/office that this new space will replace? _____ What is the monthly rent for the space that is being replaced? \$_____ What is the reason for acquiring the new space? _____

I HEREBY GIVE PERMISSION FOR THE INDIVIDUALS AND BUSINESS LISTED ABOVE AS REFERENCES TO PROVIDE FINANCIAL AND CREDIT INFORMATION TO MY PROSPECTIVE LESSOR, HIS MANAGER AND/OR HIS BROKER. I ALSO HEREBY AUTHORIZE THE OWNER AND HIS/HER REPRESENTATIVES TO PERFORM A CREDIT CHECK ON MYSELF AND/OR MY COMPANY

THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE CONSIDERED PART OF THE LEASE AND ARE TRUE AND CORRECT. IF ANY INFORMATION HEREIN CONTAINED IS DISCOVERED TO BE FALSE OR MISLEADING, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LESSOR, BE TERMINATED AT ANY TIME. IN ADDITION, THE LESSOR IS HEREBY GRANTED PERMISSION TO VERIFY ALL CREDIT/PERSONAL INFORMATION AND TO OBTAIN ANY CREDIT REPORTS IT DEEMS NECESSARY.

By Lessee:

(All individuals listed in Section 1 or individual and spouse listed in Section to sign below)

By: _____
Printed Name: _____
Title: _____

By: _____
Printed Name: _____
Title: _____

By: _____
Printed Name: _____
Title: _____

By: _____
Printed Name: _____
Title: _____

By: _____
Printed Name: _____
Title: _____

By: _____
Printed Name: _____
Title: _____



Tenant Contact Information

Tenant's Name: _____

Address and Suite Number: _____

1. Office Manager or Main contact for the office:

Name: _____

Phone: _____

Email: _____

Fax: _____

2. Person responsible for billing, accounting, insurance:

Name: _____

Phone: _____

Email: _____

3. Person responsible for lease negotiations/renewal:

Name: _____

Phone: _____

Email: _____

4. Contacts Information In Case of Emergency: **(We need 3 names and numbers)**

Name & cell phone: _____

Name & cell phone: _____

Name & cell phone: _____